



WEDNESDAY, February 13, 2013

Call to Order

Brad Pickhardt, MD, FACS called to order the regular meeting of the **State Trauma Care Committee** at **1200 noon on February 13, 2013 in Helena, MT.**

Roll call

Roll call was conducted and the following persons were present:

Present; Elaine Schuchard, Brad Pickhardt, Lauri Jackson, Leah Emerson, Freddie Bartoletti, Tim Sinton, Don Whalen, Sam Miller Brad Von Bergen, and Roberta Shupe
Via teleconference; Joy Fortin, Dennis Maier, Sid Williamson

Absent; Harry Sibold, Becky Arbuckle and Justin Grohs

Guests; John Bleicher, Randi Koehn, Andy Michel, Pat Alduenda, Elaine Beaupre, Dayle Perrin, Jennie Nemec, Gail Hatch, Carol Kussman and Jim DeTienne

Introductions/Welcome

Review/Accepted Previous Minutes

Brad Pickhardt, MD, Chair

RTAC Reports

Central RTAC

Lauri Jackson

Meeting reviewed from January 24, 2013

Eastern RTAC

Brad VonBergen/Randi Koehn

Meeting reviewed December 8, 2012

Western RTAC

John Bleicher

TRAUMA SYSTEM REPORT

Jennie Nemec/Carol Kussman

Member needed: MHA Representative

1 position vacancy for EMS-C Manager in our EMSTS office

ATLS COURSES; Expanding roster to total of 18 students/course to include; 2 refreshers and 2 Physician Extenders. ATCN course runs in conjunction with ATLS during November Billings course.

2013 ATLS course dates;

March 1-2 Great Falls FULL

April 4-5 Billings FULL

May 17-18 Missoula

November 1-2 Billings

There is a new ATLS Version 9 with student and Instructor materials issued. There currently is not an on-line version of ATLS and ACS is not sure when that new product will be available. Montana has asked to be a Beta Site for the on-line version, but have not received any updates. New content for ATLS Version 9 includes; addition of heat injuries to thermal chapter, content on balanced resuscitation, new moulage/initial patient assessment, triage scenarios and FAST exam to be placed in Abdominal Trauma lecture and demonstration in Surgical Skills.

Designation Activities

Re-designations;

Dillon (8/9)	TRF
Ronan (10/11)	CTF
Polson (10/12)	CTF
Big Timber (11/6)	TRF
Ennis (11/7)	TRF
Terry (9/27)	TRF
WSS (7/19)	TRF
Havre (11/15)	CTF

Plus several focused reviews

DESIGNATED MT TRAUMA FACILITIES: 41! 9 Non-CAH, 32 CAH, 1 Clinic

ACS Level II/MT regional TC = 4

ACS Level III/MT Area TH = 3

MT Area TH = 1

Community Trauma Facility = 8

MT Trauma Receiving Facility = 26

2013 Rocky Mountain Rural Trauma Symposium, September 12 & 13, 2013 in Great Falls
at the Best Western Heritage Inn, CRTAC hosting.

MT Trauma System Conference, Wednesday September 11, 2013 in Great Falls at the Best
Western Heritage Inn

Web-based Collector

Goals;

Eliminate paper abstract submission process

Improve data accuracy

Provide method for internal data reporting

NHTSA Funds obtained, Digital Innovations designing abbreviated web-based version of Collector

Orientation of regional “super users”

Product Implementation to follow later this month

Facilities not currently submitting will be expected to implement process now that there’s a better tool

Central Trauma Registry

Non-participating, inconsistent facility submissions

Different data analysis

State will no longer be providing case feedback for PI, allowing facilities to review/identify own PI issues, which will mature/develop local PI processes

The goal is to go to a total web-based system over time which has been started

Rural Flex Grant Funds

Coding Modules for E-coding: ICD9 Coding, procedures and diagnosis coding

Conduct WebEx sessions, record and post on website for review

Support for surgeon site reviews for CAHs

Printing of the Montana Trauma Treatment Manual

Montana Trauma Treatment Manual

Emulate ND Trauma Treatment Manual;

<http://www.ndhealth.gov/trauma/resource/default.asp?ID=353>

STCC Education Subcommittee working on components

Will print and submit to each facility as well as post on-line for all to download and use for:

Trauma Patient Care

Orientation of new staff and physicians

Orientation of Locums providers and traveler staff

Continuing Education template

CASE REVIEW TEMPLATE; use as guidelines for reviewing cases

Hospital Preparedness

54 Hospital participating in HPP/1st half payment sent with program emphasis on;

Involvement of hospitals @ community planning level (LEPC), look at county HVA & determine impact of named hazards on operations

participation in HavBed & Voluntary registry exercises required

water purification capability,

Crisis standards of care workgroup, MOAB (Management of Aggressive Behavior) much like CPI hospital classes, train the trainer session to be held in Glasgow, date to be determined.

HPP Training

BDLS (Basic Disaster Life Support) WebEX 2013

Feb 5, 7, 12, 14

March 19, 21, 26, 28

April 16, 18, 23, 25

ADLS, Fairmont June 28-29, 2013, need to have completed a BDLS course

Advanced Burn Life Support Courses (ABLS)-registration is on our EMSTS website

March 20, 2013, Community Medical Center, Missoula

March 27, 2013, North Valley Hospital, Whitefish

April 10, 2013, Frances Mahon Deaconess Hospital, Glasgow

April 16, 2013, St. Vincent Healthcare, Billings

May 15, 2013, St. James Healthcare, Butte

System Issues

Pediatric Neurosurgery availability

Bariatric Trauma patients; a new Pilatus PC-12 bariatric (650#) FW aircraft, STAT-Air, Glasgow and Valley Med Flight, Williston and Grand Forks, ND, and Kalispell/ALERT FW

Air Medical Activation guidelines, guideline cards available

Interfacility transfer issues; possible RMRTS speaker Dr. Trangmoe to again speak on this subject

Anticoagulated trauma patients; ERTAC handout

Hypothermia/Normothermia philosophy; DOCUMENT TEMPS

IV Fluid resuscitation; DOCUMENT AMOUNT AND TYPE OF IV FLUIDS ADMINISTERED

Updated MT Trauma Decision/TTA criteria and cards available

Air/Ground radio channel communications; DRAFT of communications cards to Air Medical Workgroup for feedback

Preventable Mortality Study

Traumatic deaths for 2008

1008 initial cases

Included study cases = 346

Reviewed to date = 300

Front Runner issues so far;

Lack of consistency in EMS documentation on deceased patients

Differences in trauma care for elderly patients; comorbidities, medical care

What constitutes a “Futile Resuscitation”

Language change; Preventability vs Anticipated/Unanticipated deaths

Central Trauma Registry Data Report

Carol Kussman

Data notes; age distribution has increased in the greater than 55 year of age, Falls have usurped MVC (Central region only) with numbers of TR cases as a nation-wide trend as the population ages

Will only give “outliers” as PI GCS <9 and not intubated

Look at elderly trends in trauma care as a possible PI issue

EMS System/ECC

Working on data collection with over 100 services currently submitting PCR data

9512 records have been submitted to date

Third Party software connection is being tested now

Provides a better idea of the types of EMS cases being transported

Date will be available as process evolves

Pre-Hospital Trauma Life Support Courses:

Provider course held in Helena October 3-4, 2012, 32 students

Instructor Course December 14, 2012, Billings, provider course December 15-16, 2012

Future courses held quarterly

PEPP courses- none

Medical Response to Disaster plan in its initial phase. Initial round of public meetings conducted in August. A draft is being completed by a workgroup and will go out on the list serve when completed. Contact Shari Graham. P-25 Radios- still have some.....EMS services need to contact Shari Graham

EMS REPORT

Jim DeTienne

A legislative update was given and updates are posted on the EMSTS website.

Poison Control System is general fund, block grant fund. Appears this will be funded for 1 year.

Montana EMS-C regionalized pediatric care was tabled in committee. Contact information for legislative committee members provided.

Injury Prevention

Sub-committee Reports

PI/EP

Brad Pickhardt

Approved facility designation reported and designation criteria reviewed. Changes should be approved hopefully within 6 months.

CALS will be allowed in place of ATLS if the provider would like for Community and Trauma Receiving Facilities only in relationship to designation.

ATLS will still be required for Area and Regional facilities requesting designation

CME requirements for State Designation will reflect the same requirements the Green Book "Resources for Optimal Care of the Injured Patient 2006" and ACS review.

Education

Lauri Jackson

TEAM courses are being scheduled. The TEAM course needs updated and will be worked on next meeting in May 2013.

CALS Critical Advanced Life Support is a trauma team approach class for critical patients from pediatrics to trauma. The State of Minnesota has been providing these courses for 17 years. Certification is for 4 years.

The ERTAC Geriatric module is almost complete after revisions and will be presented at the MTS Conference in September 2013.

All authors of the MT Trauma Treatment Manual need to provide references so the manual can be completed.

A number of TNCC courses were taken and a list can be found on the ENA website.

Tranexamic Acid Administration

Several articles were distributed including results of CRASH 2 studies. Bolus dosing of tranexamic acid has been implemented in Special Operations medical procedure protocols in the US Special Operations Command structure in the Middle East. Nationally, facilities are exploring its administration and criteria for potential use. St. Vincent Healthcare submitted its policy for use of TXA. Billings Clinic Med Flight is planning on taking it when transferring patients.

The discussion that CAH requirement would need to be more subjective such as; Emergency release of blood when considering TXA administration.

Public Comment

None received

Adjournment

Brad Pickhardt adjourn the meeting

The next State Trauma Care Committee meeting will be held in Helena, May 15, 2013 in Helena.

Systems Cases reviewed for PI;

CRTAC had no cases to review

ERTAC

Unrestrained victim of MVC in respiratory distress. This patient illustrated importance of chest injury management, balanced resuscitation and TXA administration.

Burn and Explosion patient with burn and trauma injuries. Remember to think these patients not only have burns but can sustain significant injuries. Keep patients warm and use fluid resuscitation guidelines and transfer early for best outcome.

WRTAC

Patient with traumatic injuries and significant comorbid conditions and elderly, admitted to smaller facility then transferred the next day when condition changed. Make sure that smaller facilities have relayed all medical history to bigger facilities and the capabilities that the smaller facility doesn't have. Some patients are better off staying in their communities when bigger facilities cannot offer any better management/care of these patients and who die from their injuries and related co-morbid conditions.

This same facility transferred a young MVC patient early and provided great care. This also exemplifies the differences in care of younger vs older trauma patients.